

1. CIR./DIST./DIV. CODE CAN		2. PERSON REPRESENTED MATTHEWS, ANDRE		VOUCHER NUMBER																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR-07-00488-CW		5. APPEALS DKT./DEF. NUMBER																																																													
7. IN CASE/MATTER OF (Case Name) UNITED STATES v. MATTHEWS, ET AL.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant																																																													
10. REPRESENTATION TYPE (See Instructions) CC																																																																	
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 18:1028(F)																																																																	
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS  JOHN H. HEMANN ONE MARKET, SPEAR STREET TOWER SAN FRANCISCO, CA 94105  Telephone Number 415-442-1355																																																																	
13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)																																																																	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  <b>MORGAN, LEWIS &amp; BOCKIUS</b> FILED ONE MARKET, SPEAR STREET TOWER SAN FRANCISCO CA 94105      AUG 24 2007																																																																	
15. CATEGORIES (attached itemization of services with dates)      16. FOR COURT USE ONLY <table border="1"> <thead> <tr> <th>CATEGORIES (attached itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr><td>a. Arraignment And/or Plea</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. Bail And Detention Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Motion Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>d. Trial</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>e. Sentencing Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>f. Revocation Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>g. Appeals Court</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>h. Other (Specify On Additional Sheets)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">(RATE PER HOUR = ) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						CATEGORIES (attached itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	a. Arraignment And/or Plea						b. Bail And Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify On Additional Sheets)						(RATE PER HOUR = ) TOTALS:					
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																												
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.																																																																	
Signature Of Attorney _____ Date _____																																																																	
APPROVED FOR PAYMENT COURTESY OF _____																																																																	
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.																																																													
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28A. JUDGE/MAG CODE																																																												
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Printed Name</i> Approved in excess of the statutory threshold amount			DATE		34A. JUDGE CODE																																																												